

HHS/CDC Global AIDS Program (GAP) in Zimbabwe – FY 2003



About the Country of Zimbabwe

Capital City: Harare

Area: 390,580 sq km (150,803 sq mi)

Population: 11.6 million

The HIV/AIDS Situation in Zimbabwe

HIV Infected: 1.8 million¹

AIDS Deaths: 200,000²

AIDS Orphans: 761,000³

The number of new HIV infections, new AIDS cases, and AIDS-related deaths continues to increase in Zimbabwe. An estimated 1.82 million people in Zimbabwe were living with HIV/AIDS in 2003, and there were 135,000 deaths attributed to AIDS. Heterosexual sexual contact is the most common mode of HIV transmission in Zimbabwe, with some vulnerable populations affected disproportionately by the epidemic. The Young Adult Reproductive Health and HIV/AIDS Survey (YAS, 2001-2002) collected HIV prevalence and behavioral data on a representative sample of men

and women aged 15-29 years between September 2001 and February 2002. Results indicated that the HIV prevalence among Zimbabweans aged 15-29 years was higher among women (21.8%) than men (10.3%) and that the highest prevalence was found in the 25-29 year age group for both women (34.7%) and men (24.4%). A seroprevalence survey among pregnant women attending antenatal clinics from mid-October through December 2002 reported 25.7% HIV prevalence among pregnant women in Zimbabwe. Little difference was found in HIV prevalence by area of residence for women (23.0% prevalence in urban and 21.0% in rural areas) or men (11.8% in urban and 9.3% in rural areas). It was estimated that the overall adult prevalence of HIV infection was 24.6% in 2003.

About The Global AIDS Program in Zimbabwe

Year Established: 2000

FY 2003 Budget: \$6.66 million USD

In-country Staffing: 5 CDC Direct Hires; 14 Locally Employed Staff; 4 Contractors⁴

Program Activities and Accomplishments

In FY 2003, GAP Zimbabwe achieved the following accomplishments in the highlighted areas:

HIV Prevention

- Produced and broadcast the behavior change communication (BCC) radio serial drama "Mopani Junction" in three languages for approximately six months, with high listenership and character recognition.
- Completed "Talk-time," a behavior change curriculum for youth, in three languages, with print materials completed in two languages. It was disseminated to over 30 civil and faith-based organizations.

¹ Figure represents a 2003 estimate taken from unpublished data in the GAP M&E Annual Report.

² Figure represents a 2001 estimate taken from the CIA World FactBook, <http://cia.gov/cia/publications/factbook/geos/et.html>.

³ Figure represents a 2003 estimate taken from unpublished data in the GAP M&E Annual Report.

⁴ Figure represents a May 2004 census taken by GAP staff; staffing subject to change.

Preventing Mother-to-Child HIV Transmission (PMTCT)

- Continued to support rollout of the national PMTCT program through support in commodities procurement (HIV rapid tests), warehousing and distribution, as well as support for improved monitoring and evaluation systems.
- Developed and piloted all basic elements of the PMTCT program monitoring system, including progress report, general health reporting system, and child health card.

HIV/AIDS Care and Treatment

- Supported the initiation and expansion of the Diflucan Donation Program to include 53 hospitals countrywide, representing one of the most efficient rollouts of the program to date (Pfizer).
- Explored and implemented novel methods to support capacity for extended implementation of care and treatment services, including the use of Dynabead CD4 technology; Primary Care Counselor training; and sequential “layering” of treatment services.
- Expanded counseling and testing capacity in clinical venues nationwide through support for continued rapid-test roll-out, implementation of primary care counselors, and provision of test kits for clinical venues.
- Finalized Standard Treatment Guidelines for HIV and, with I-TECH, translated them into a comprehensive Opportunistic Infection (OI)/HIV Care curriculum that was developed and piloted. Two model OI prevention clinics applying standard treatment guidelines were started.
- Proposed a U.S. Government (USG) plan for coordinated support to the Ministry of Health and Child Welfare (MOHCW) for initiation and rollout of National ARV (Antiretroviral) Treatment Program that was accepted.
- Worked with USAID to make a joint USG offer of support to MOHCW for initiation and scale-up of the National ARV Treatment Program. Each institution will focus on its area of comparative advantage—for GAP Zimbabwe, this includes guidelines and training, informatics, monitoring and evaluation, operational research, and clinical care expertise.

Surveillance and Infrastructure Development

- Published the preliminary report of Zimbabwe’s Young Adult Survey (YAS), Africa’s first fully integrated biological and behavioral, nationally representative survey of youth ages 15-29.
- Supported the participation of approximately 50% of the HIV test sites nationwide in the Zimbabwe National Quality Assurance Program’s (ZINQAP) External Quality Assessment (EQA) program.
- Collaborated with the PMTCT Partner’s Forum and the Health Professionals Council to conduct 19 training-of-trainer (TOT) sessions, with more than 380 persons trained in rapid tests for HIV, and allowed large-scale expansion of PMTCT services.
- Worked with the University of Medicine and Dentistry of New Jersey (UMDNJ) to develop, pilot, and implement a model PMTCT TOT curriculum, with final curriculum revisions nearing completion. More than 200 nurse-trainers and 800 nurses were trained.
- Continued capacity-building in monitoring and evaluation for National AIDS Council (NAC), MOHCW, and the University of Zimbabwe, with support for a National Indicators Task Force.

Challenges

- The deteriorating political and economic environment continues to place everyday strains on employees and collaborators, creating a complicated context for work.
- The 500% annual inflation rate has led to a real decrease in the amount of programming possible with the “stable” budget. Exchange rate gains provided a temporary inflation buffer.
- A major GAP-sponsored activity, the BCC radio serial drama was under the authority of the highly political Ministry of Information rather than MOHCW. Broadcast of this production was suspended in July 2003, despite the strong advocacy and support of MOHCW. Progress on projects with MOHCW remains strong and uninterrupted.

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